

## CERTIFIED CONTRACTOR APPLICATION



**KENTUCKY  
DEPARTMENT  
FOR ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
UNDERGROUND STORAGE TANK  
BRANCH**  
81 C. MICHAEL DAVENPORT BLVD.  
FRANKFORT, KENTUCKY 40601  
(502) 564-5981 / (800) 928-7782  
<http://www.waste.ky.gov>

**FOR STATE USE ONLY:**

### GENERAL INFORMATION

To be certified by the Underground Storage Tank Branch (USTB) for reimbursement from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) to perform corrective action at regulated petroleum storage tank facility, contractors must complete and submit this form for initial and renewal of contractor certification pursuant to 401 KAR 42:314.

### TYPE OF APPLICATION

☐ INITIAL Contractor Certification

☐ RENEWAL of Contractor Certification

USTB Certification  
# \_\_\_\_\_

#### APPLICANT INFORMATION

#### COMPANY INFORMATION

(If different than Applicant)

APPLICANT NAME:			TITLE/POSITION IN COMPANY:			COMPANY NAME:			NAME OF SUPERVISOR:					
APPLICANT MAILING ADDRESS:						COMPANY MAILING ADDRESS:								
CITY:			STATE:		ZIP CODE:		CITY:			STATE:		ZIP CODE:		
TELEPHONE NUMBER:			FAX NUMBER:		EMAIL ADDRESS:			TELEPHONE NUMBER:			FAX NUMBER:		EMAIL ADDRESS:	

### REQUIRED INFORMATION

#### Complete for INITIAL Certified Contractor Certification ONLY:

Does the applicant have a degree in the physical, life or environmental sciences?  
If yes, provide a copy of the college transcript.

☐ YES ☐ NO

#### Complete for RENEWAL of Certification as a Certified Contractor ONLY:

Date of Original Certification: \_\_\_\_/\_\_\_\_/\_\_\_\_

USTB Certification #: \_\_\_\_\_

1. Has any professional registration of the applicant been suspended or revoked in the last year? If yes, provide an explanation: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the applicant received a citation or notice of violating any federal, state or local regulation, code or standard relating to corrective action in the last year? If so, provide a copy(s) of such documentation as well as an explanation: _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Did the applicant's employer received a citation or notice of violating any federal, state or local regulation, code or standard relating to corrective action in the last year? If so, provide a copy(s) of such documentation as well as an explanation: _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**CORRECTIVE ACTION EXPERIENCE**

(Attach additional pages, if necessary)

**Complete for INITIAL Certified Contractor Certification ONLY:**

If the applicant has a degree in the physical, life or environmental sciences, provide a resume indicating the participation in the performance of corrective action during the two (2) years prior to submitting this application.

If the applicant does not have a degree in the physical, life or environmental sciences, provide a resume indicating the participation in the performance of corrective action during the six (6) years prior to submitting the application.

Provide the name of the facility, agency interest number, complete mailing address of facility, name of owner/operator, name and mailing address of company you worked for at the time, your title/position and name of your supervisor. List only those facilities with reported releases requiring corrective action.

**Complete for RENEWAL of Certified Contractor Certification ONLY:**

List at least one (1) petroleum storage tank facility at which the applicant participated in or supervised, pursuant to 401 KAR 42:314, the performance of corrective action during the two (2) year period prior to submitting this application.

Name of Facility:

Agency Interest :

Physical Location Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Owner and/or Operator Name:

Name of Applicant's Employer:

Employer's Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Title/Position in Company:

Name of Supervisor:

Describe your participation in the performance of the corrective action that shall include dates, extent of contamination and type of release.

**APPLICANT CERTIFICATION**

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT I AM THE APPLICANT AND I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS ARE TRUE AND CORRECT, AND IS SUBMITTED FOR THE PURPOSE OF BEING CERTIFIED BY THE USTB FOR REIMBURSEMENT OF CORRECTIVE ACTION FROM THE PSTeAF PURSUANT TO THE REQUIREMENTS OF 401 KAR 42:314. I UNDERSTAND THAT ADDITIONAL INFORMATION MAY BE REQUIRED BY THE CABINET TO VERIFY MY TECHNICAL TRAINING AND CORRECTIVE ACTION EXPERIENCE(S).

PRINT NAME OF APPLICANT:

SIGNATURE OF APPLICANT:

TITLE:

If you have questions on how to fill out this form or to request a review of your facility records, please contact the USTB at (502) 564-5981 / (800) 928-7782 or visit our website at <http://www.waste.ky.gov>.

DATE:

**\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\***